1889, 414.



PATENT

ATTORNEY DOCKET NO.: 056291-5039

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PA	TENT APPLICATION of:)
PEARS	et al.)
U.S. Pat	ent No.: 6,982,157) Group Art Unit: 1654
Issued:	January 3, 2006) Examiner: Meller, Michael V.
FOR:	DRUG COMBINATIONS COMPRISING (E)-7-[4-(4-FLUOROPHENYL)-6- ISOPROPYL-2 [METHYL(METHYLSULFONYL) AMINO]PYRIMIDIN-5-YL](3R,5S)-3,5- DIHYDROXYHEPT-6-ENOIC ACID AND AN INHIBITOR, INDUCER OR SUBSTRATE OF P450 ISOENZYME 3A4	

Mail Stop Certificate of Corrections Branch

U.S. Patent and Trademark Office Customer Service Window Randolph Building 401 Dulany Street Alexandra, VA 22314

February 26, 2007 Date:

of Correction

REQUEST FOR CERTIFICATE OF CORRECTION UNDER 37 CFI

Sir:

This is a request for the issuance of a Certificate of Correction under 37 C.F.R. 1.322 in the above-referenced patent, adding to Field (75) Inventors, the name "Yamaguchi, Yoshitaka (JP)," which was omitted through error of the Office. Two (2) copies of form PTO-1050 are enclosed. The complete Certificate of Correction involves one (1) page.

Applicants respectfully submit that the error was incurred through the fault of the Office, which mistake is clearly disclosed in the records of the Office. Specifically, attached hereto as **Attachment 1**, which is the Declaration filed in this application as taken from the US PTO PAIR database showing Yoshitaka Yamaguchi as the last-named inventor, and Attachment 2, "PCT Request" taken from the US PTO PAIR database also Yoshitaka Yamaguchi as the last-named inventor. Accordingly, correction under 37 C.F.R. 1.322 is requested. As the errors identified in

the above-referenced U.S. Patent occurred through the fault of the U.S. Patent Office, no fee is enclosed. However, if there are any additional fees due in connection with the filing of this Request, the Commissioner is hereby authorized to charge any fees due to <u>Deposit Account No.</u>

50-0310.

Dated: **February 26, 2007**Morgan, Lewis & Bockius LLP
Customer No. **09629**1111 Pennsylvania Avenue, N.W.
Washington, D.C. 20004
202-739-3000

Respectfully submitted

Morgan, Lewis & Bockius LLP

Donald J Bird

Registration No. 25,323

UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

PATENT NO. 6,982,157 B1

ISSUED: January 3, 2006

INVENTORS: John S. **PEARS** *et al.*

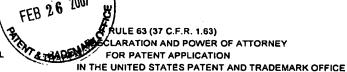
It is hereby certified that errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Field (75) Inventors: add at end thereof, "Yamaguchi, Yoshitaka (JP)"

MAILING ADDRESS OF SENDER I-WA/2708820.1 MORGAN, LEWIS & BOCKIUS LLP Attn: Patent Support Unit 1111 Pennsylvania Avenue, NW Washington, DC 20004

Patent No. 6,982,157 B1

FOR UTILITYIDESIGN
CIP/IPCT NATIONALIPLANT
ORIGINAL/SUBSTITUTE/SUPPLEMENTAL
DECLARATIONS



PW FORM

Z70475/UST

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the INVENTION ENTITLED: DRUG COMBINATIONS COMPRISING (E)-7-[4-(4-FLUOROPHENYL)-6-ISOPROPYL-2-[METHYL (METHYLSULPHONYL)AMINO]PYRIMIDIN-5-YLI(3R,5S)-3,5-DIHYDROXYHEPT-S-ENOIC ACID AND AN INHIBITOR, INDUCER OR SUBSTRATE OF P450 ISOENZYME 3A4

X BOX(ES)	A. □ is attached hereto. → B. □ was filed on	50.11				
		as v	.S. Application No			
above identified be material to foreign applications. States, listed idealing the	ble to U.S. or PCT applications appecification. Including the patentability as defined in 3 ation(s) for patent or inventous below and have also identified.	e claims, as amended by any 7 C.F.R. 1.56. Except as note 's certificate. or 365(a) of any id below any foreign applications application and having a filir	amendment referred to at d below, I hereby claim fo PCT International Applica on for patent or inventor's	hereby state that I have re cove. I acknowledge the di reign priority benefits unde attion which designated at I	er 35 U.S.C. 1 19(a)-(d) or 36 least one other country than	known to me to 55(b) of any the United
PRIOR FORE	EIGN APPLICATION(S) Country	Day/MONTH/Year Filed	Date first la open or Publisi			NOT Claimed
9902593.4 9921063.5 9921064.3	United Kingdom United Kingdom United kingdom	06.02.1999 08.09.1999 08.09.1999				
application is	onal applications listed above in addition to that disclosed i	nestic priority benefit under 35 e or below and, if this is a cont n such prior applications, I act vailable between the filing dat	unuation-in-part (CIP) app	dication, insofar as the sub	ject matter disclosed and cla	imed in this
PRIOR U.S. P. Application N	ROVISIONAL, NON PROVIS O. (series code/serial no.)	SIONAL AND/OR PCT APPLI DavIMONTHIY		Status Pending, abandoned	Priority i, patented	NOT Claimed
And I hereby a persons of transact all bus names of person/ass disclosure to b	printe to or the United State ppoint Pillsbury Winthrop LL tfirm who are associated with siness in the Patent and Trac ons no longer with their firm, ignee/attorney/firm/organiza	ith the knowledge that willful firs Code and that such willful firs Code and that such willful firs Code and that such willful first Code and the connected there to add new persons of their Fitten who/which first sends/senstruct the above Firm and/or	alse statements may jeopi , telephone number (202) see below label) individua swith and with the resultin irm to that Customer No., It this case to them and by	ardize the validity of the ap 861-3000 (to whom all cor illy and collectively my atto g patent, and I hereby auti and to act and rely on insi	pplication or any patent issue mmunications are to be direc imeys to prosecute this appli horize them to delete from the	d thereon. ted), and cation and to at Customer No. sate directly with fter full
Name	JOHN	514		EARS		
Residence	- 	First Mi	ddle Initial	Family Name	A	
	Macclesfield (o		heshire	United Kingdom	<u> </u>	
	V	7				
Mailing Address		City	State/Foreign Co	untry ,	Country of Citizenship	
Mailing Address (include Zip Cod		cclesfield, Cheshire SK10-	4TG, United Kingdom			
(0) 100 (5) (5)		211 . 16			- 7 - 0 -	
Name	PR'S SIGNATURE	> 1C		Date:	25 July 20	70 /
14diiiC		First Mo	Idle Initial	AZA Family Name		
Residence	Wilmington. '-		elaware	USA		
		City	State/Foreign Cou	intry	Country of Citizenship	
Mailing Address (include Zip Cod		e, PO Box 15437, Wilming	ton, Delaware 19850-5	5437, USA		
madde zip Cot	ne)					
図 OR ADDI [*] 口See <u>additio</u>	TIONAL INVENTOR onal foreign i, riorities	S see attached page on attached page (i	ncorporated herei	n by reference). Atty. Dkt. No. <u>F</u>	MAR (M#)	- 1 2007

DECLARATION AND POWER OF ATTORNEY

Attachment 1

(continued)
Additional Inventors

/3\ INVENTOR	'S SIGNATURE	\mathcal{N} 0	11/			Date:	45	ptember	Z70476/UST
Name	HOWARD	Henry	~~~	G	HUTCHINSO		يحر ا	premner	اهمه
7	1 TRAVOLDS	First		Middle Initial	Family				
Residence	Wilmington	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Delaware	I USA	varne			
L		City			eign Country		Count	nu of Citizonobia	
Mailing Address	1800 Concord		15437 Wil	mington, Delaware	19850-5437 11SA		Coun	try of Citizenship	<u> </u>
(include Zip Code)	1000 0000	31 INC, 1 0 DOX	10407, 111	// Delaware	13630-3437, OSA				
		-a			77		 		
(4) INVENTOR'	S SIGNATURE	Bru	us &	1CENURCI	R .	Date:	4 Se	ptem bor	2001
Name	DENNIS				SCHNECK			ENCARL WY	0-001
Bosidoses		First		Middle Initial	Family N	lame			
Residence	Wilmington	\		Delaware	USA				
		City		State/Fore	eign Country		Count	ry of Citizenship	
Mailing Address	1800 Concord	Pike, PO Box	15437, Will	mington, Delaware	19850-5437, USA			y or orazonarap	····
(include Zip Code)		V							
17			//						· · · · · · · · · · · · · · · · · · ·
(5) INVENTOR'		(About	stor	Bath		Date:	187	Sylanden	2021
Name	TAKAHIKO				BABA			1	
N		First 0	\	Middle Initial	Family N	lame	****		
Residence	Toyonaka-shi	11	7	Osaka	Japan				
		City	,	State/Fore	eign Country		Count	ry of Citizenship	
Mailing Address	Shionogi & Co	o., 1-1, Futabac	ho 3-chome	e. Tovonaka-shi. Os	saka 561-0825, Jap	an	Oddin	ry or Cruzeriship	
(include Zip Code)	1	/		-,,	50KG 001 0020, 00p	411			· · · · · · · · · · · · · · · · · · ·
		10		7 1			0		
(6) INVENTOR'S	S SIGNATURE	Akıra		Touchi	•	Date:	18th	September	2001
Name	AKIRA				JONCHI->		/ _	O COPORTION !	
<u>.</u>		First ~	1	Middle Initial	Family N	lame			
Residence	T.oyonaka-shi	7 1		Osaka	Japan				
		City		State/Fore	ign Country		Count	v of Citizenship	
Mailing Address (include Zip Code)	Shionogi & Co	o., 1-1, Futabaci	ho 3-chome	. Tovonaka-shi, Os	aka 561-0825, Jap	an	Ocuma	y or orazonanip	
(include Zip Code)		1		, ,		-		······································	
<u>.</u>		1 14	1 1	0					
(7) INVENTOR'S		Most	in (U	mayron		Date:	1814	Sep. 20	n /
Name	YOSHITAKA		7	0	YAMAGUCHI		-/	7	
		First		Middle Initial	Family N	ame			
Residence	Toyonaka-shi			Osaka	Japan				
		City		State/Fore	ign Country		Countr	y of Citizenship	
Mailing Address	Shionogi & Co	., 1-1, Futabach	ho 3-chome	. Tovonaka-shi, Os	aka 561-0825, Japa	an an	Ooana	y or Oluzeriship	
(include Zip Code)									
									
(8) INVENTOR'S	SIGNATURE					Date:			
Name									
		First		Middle Initial	Family N	ame			
Residence									
		City		State/Fore	gn Country		Countr	y of Citizenship	
Mailing Address								, c. ciazononip	
(include Zip Code)									
(6) (1) (7)									
(9) INVENTOR'S	SIGNATURE					Date:			
Name	<u> </u>								
	-	First		Middle Initial	Family N	ame			· · · · · · · · · · · · · · · · · · ·
Residence									
		City		State/Forei	gn Country		Countr	y of Citizenship	
Mailing Address							234110	, or orderining	
(include Zip Code)									· · · · · · · · · · · · · · · · · · ·
Lib Code)									

PCT

REQUEST

For receiving Office use only	_
International Application No.	
International Filing Date	
Name of receiving Office and "PCT International Application"	

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty. Applicant's or agent's file reference (if desired) (12 characters maximum) PHM 70475/WO Box No. I TITLE OF INVENTION **DRUG COMBINATIONS** Box No. II **APPLICANT** Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is also inventor. ZENECA Limited Telephone No. 15 Stanhope Gate +44-1625-516173 London Facsimile No. W1Y 6LN GB +44-1625-583358 Teleprinter No. 669095/669388 State (that is, country) of nationality: State (that is, country) of residence: This person is applicant for the purposes of: the United States of America only all designated States all designated States except the United States of America the States indicated in the Supplemental Box Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is: applicant only Shionogi & Co Ltd Doshomachi 3-chome applicant and inventor Chuo-Ku Osaka 541-0045 inventor only (If this check-box is marked, do not fill in below.) JP State (that is, country) of nationality: State (that is, country) of residence: JР This person is applicant all designated States the United States of America only all designated States except the United States of America the States indicated in the Supplemental Box for the purposes of: Further applicants and/or (further) inventors are indicated on a continuation sheet. Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE The person identified below is hereby/has been appointed to act on behalf 🗶 agent common representative of the applicant(s) before the competent International Authorities as: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Name and address: Telephone No. +44-1625-514620 BROWN, Andrew Stephen Global Intellectual Property Facsimile No. AstraZeneca PLC +44-1625-583358 Mereside, Alderley Park, Macclesfield Cheshire SK10 4TG - GB Teleprinter No. 669095/669388 Adress for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Form PCT/RO/101 (first sheet) (July 1998; reprint January 1999)

See Notes to the request form



Sheet No. 2

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS							
If none of the following sub-boxes is used, this sheet should not be included in the request.							
Name and address: (Family name followed by given name: for a legal entitude address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State	tity, full official designation. the address indicated in this dence is indicated below.) This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)						
State (that is, country) of nationality: GB	State (that is, country) of residence: US						
This person is applicant all designated all designated for the purposes of:	States except the United States the States indicated in the Supplemental Box						
Name and address: (Family name followed by given name; for a legal ent The address must include postal code and name of country. The country of a Box is the applicant's State (that is, country) of residence if no State of residence PEARS, John Stuart Alderley Park Macclesfield Cheshire SK10 4TG GB	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)						
State (that is, country) of nationality: GB	State (that is, country) of residence: GB						
This person is applicant for the purposes of: all designated the United States all designated the United States	States except the United States the States indicated in the Supplemental Box						
Name and address: (Family name followed by given name; for a legal enti- The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence is the applicant's State (that is, country) of residence if no State of Residence if	ity, full official designation. he address indicated in this lence is indicated below.) This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)						
State (that is, country) of nationality: US	State (that is, country) of residence: US						
This person is applicant all designated for the purposes of:	States except the United States the States indicated in						
Name and address: (Family name followed by given name; for a legal entitude address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)						
State (that is, country) of nationality: US	State (that is, country) of residence:						
This person is applicant for the purposes of: all designated the United States.	States except less of America only the States indicated in the Supplemental Box						
Further applicants and/or (further) inventors are indicated on	another continuation sheet.						

Form PCT/RO/101 (continuation sheet) (July 1998; reprint January 1999)

See Notes to the request form

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS							
If none of the following sub-boxes is used, this sheet should not be included in the request.							
Name and address: (Family name followed by given name: for a legal The address must include postal code and name of country. The country Box is the applicant's State (that is, country) of residence if no State of n	entity, full official designation. of the address indicated in this esidence is indicated below.) This person is:						
BABO, Takahiko	applicant only						
Shionogi & Co Ltd	X applicant and inventor						
l-l, Futabacho 3-chome Toyonaka-shi							
Osaka 561-0825	inventor only (If this check-box is marked, do not fill in below.)						
JP							
State (that is, country) of nationality: JP	State (that is, country) of residence:						
	ed States except States of America If the United States the States indicated in the Supplemental Box						
Name and address: (Family name followed by given name; for a legal of the address must include postal code and name of country. The country of Box is the applicant's State (that is, country) of residence if no State of re	entity, full official designation. If the address indicated in this statement is indicated below.) This person is:						
TOUCHI, Akira	applicant only						
Shionogi & Co Ltd l-1, Futabacho 3-chome	applicant and inventor						
Toyonaka-shi							
Osaka 561-0825 JP	inventor only (If this check-box is marked, do not fill in below.)						
State (that is, country) of nationality:	State (that is, country) of residence:						
JP	JP						
This person is applicant for the purposes of: all designated all designated the United S	d States except the United States the States indicated in the Supplemental Box						
Name and address: (Family name followed by given name; for a legal e The address must include postal code and name of country. The country of Box is the applicant's State (that is, country) of residence if no State of re	entity, full official designation. If the address indicated in this sidence is indicated below.) This person is:						
YAMAGUCHI, Yoshitaka	applicant only						
Shionogi & Co Ltd	applicant and inventor						
l-l, Futabacho 3-chome Toyonaka-shi							
Osaka 561-0825	inventor only (If this check-box is marked, do not fill in below.)						
JP							
State (that is, country) of nationality: JP	State (that is, country) of residence: JP						
for the purposes of: States the United S	d States except the United States the States indicated in the Supplemental Box						
Name and address: (Family name followed by given name; for a legal e The address must include postal code and name of country. The country of Box is the applicant's State (that is, country) of residence if no State of re	ntiry, full official designation. The address indicated in this sidence is indicated below.) This person is:						
	applicantonly						
	applicant and inventor						
	applicant and inventor						
	inventor only (If this check-box is marked, do not fill in below.)						
State (that is, country) of nationality:	State (that is, country) of residence:						
This person is applicant all designated for the purposes of:	d States except the United States the States indicated in the Supplemental Box						
Further applicants and/or (further) inventors are indicated	on another continuation sheet.						

Form PCT/RO/101 (continuation sheet) (July 1998)

SeeNotes to the request form

Box	No.V	DESIGNATION OF STATES								
The	The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):									
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X			T G	21	La MUNICIONI CDCIII - CZCIII II I I I I I I I I I I I I I I I					
		ZW Zimbabwe, and any other State which is a Con	tracti	ng Stai	ho, MW Malawi, SD Sudan, SZ Swaziland, UG Uganda, te of the Harare Protocol and of the PCT					
X	EA	Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT								
X	EP	European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT								
X	OA	OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)								
Natio	nal Pa	tent (if other kind of protection or treatment desired, spec	ify on	dotted	line					
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X	BY	Belarus	X	MW	Malawi					
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X		China	X	NZ	New Zealand					
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X		Denmark	X	RU	Russian Federation					
X		Estonia	X	SD	Sudan					
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X		Georgia	X	SL	Sierra Leone					
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X		Gambia	X	T	Tajikistan					
X		Croatia	X		Turkmenistan					
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Σ.		Kyrgyzstan	X		Yugoslavia					
×	KP	Democratic People's Republic of Korea	X	ZW	Zimbabwe					
וסו		B	Che	ck-bo	ces reserved for designating States (for the purposes of					
(S)		Republic of Korea	a na	tional	patent) which have become party to the PCT after this sheet:					
(S)		Kazakhstan								
(S)		Saint Lucia	Ø		OMINICA 💆 ZA SOUTH AFRICA					
(X)		Sri Lanka	X	NE N	NITED ARAB EMIRATES ØTZ TANZANIA					
(X)	LK	Liberia	X	Ċij	COSTA RICA . A MOROCCO					

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Sheet No. 5

Box No. VI PRIORITY CLAIM Further priority claims are indicated in the Suppl					in the Supplemental Box.		
Filing date Number			Where earlier application is:				
of earlier application (day/month/year)	of earlier application	natio	nal application:	regional application:	international application:		
	<u>-</u>		country	regional Office	receiving Offic		
item (1)					r		
06Feb99 (06/02/1999)	9902593.4						
item (2)							
08Sep99 (08/09/1999)	9921063.5				į		
item (3)							
08Sep99 (08/09/1999)	9921064.3						
The receiving Office is re of the earlier application purposes of the present in	's) (only if the earlier a	polication w	as filed with the	Office which for the			
Where the earlier application is Convention for the Protection of its					one country party to the Paris		
	ONAL SEARCHING			led (Rule 4.10(b)(ii)). See	Supplemental Box.		
Choice of International Searce	· · · · · · · · · · · · · · · · · · ·			rlige search: reference	to that search (if an earlier		
(if two or more International Se competent to carry out the interr the Authority chosen; the two-lett	arching Authorities are	search has be	en carried out by	or requested from the Inter	national Searching Authority): Country (or regional Office)		
ISA /		Zuto (usy		ranioo	Country (or regional Office)		
Box No. VIII CHECK LIST	C: LANGUAGE OF F	TITING					
This international application of	<u> </u>		ntion is accompa	nied by the item(s) marke			
the following number of shee	ts: i	alculation sh		ued by the item(s) mark	ed below:		
request : 5							
description (excluding sequence listing part) : 40	1 -		ower of attorney	reference number, if any			
sequence listing part) : 40 claims : 5			ing lack of signatu	•	/:		
abstract : 1			-	ox No. VI as item(s): (1) (0) (0)		
drawings :				ion into (language):	1), (2), (3)		
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Figure of the drawings which should accompany the abstract	1	Language	of filing of the	inglish			
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			n which the person si	ans (if such conscinuis not ob	rious from conding the		
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).							
BROWN, Andrew Stephe	en						
Agent for the Applicant							
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